

RECREATION DEPARTMENT

375 Merrimack St Room 7

Lowell, MA 01852

REGISTRATION/PERMISSION FORM

PLEASE USE PEN & PRINT CLEARLY

Swim Lessons Circle Location: McPherson South Common LHS POOL Waterfront 1 Form per Participant

PARTICIPANT'S NAME: _____
(First) (Middle) (Last)

Address: _____ City: _____ Zip Code: _____

Home Number: _____ Work Number: _____ Cell Phone Number: _____

Sex: M _____ F _____ Date of Birth: _____ Age: _____

Medical Information:

THE FOLLOWING INFORMATION MUST BE DIFFERENT THAN STATED ABOVE

Emergency Contact: _____
(Name) (Relationship)

(Address) (Telephone)

Family Doctor: _____ Medical Insurance Co.: _____

Telephone: _____ Policy #: _____

Please Answer all of the Following Questions

1. Are there any activities that would be harmful to the participant's physical or emotional health? Yes: _____ No: _____
If yes, explain: _____

2. Does the participant take any kind of medication? Yes: _____ No: _____

If yes,

explain: _____

3. Is the participant allergic to any medications or foods? Yes: _____ No: _____

If yes, explain: _____

4. Does the participant have any medical problems our staff should be aware of? Yes: _____ No: _____

If yes, explain: _____

I hereby give the person mentioned above permission to participate in the programs conducted by the City of Lowell Recreation Department. The Lowell Recreation Department **IS NOT RESPONSIBLE** for any injury or accident that may occur either during the course of this program or due to falsification of any information on this form. Participants are encourage to speak with their doctor prior to enrolling in a program that includes activity to ensure they are able to safely participate.

I hereby give permission for emergency medical treatment to be administered to the person mentioned above by qualified medical personnel.

Parent/Guardian Signature: _____ **Date:** _____

(REQUIRED FOR PARTICIPATION)

PLEASE BE ADVISED:

-FOR BEST RESULTS IT IS RECOMMENDED THAT THE PARTICIPANT ATTEND ALL SESSIONS THAT THEY ARE SCHEDULED FOR.

-The participant will be tested the first day that they come to sign up. Please make sure that they will be able to get in the water for this test.

-They will be placed in a skill level that best suits their ability.

-The skill levels times will be based on pool availability with the upper levels being early morning and after 6pm. Beginners are later in the morning, prior to the pool opening to the public at noon.

-When possible we will let you request your choice of lesson days.

-We will schedule siblings for the same days when possible. However, since your children may vary in skill level we cannot guarantee overlapping lesson times.

-No Changes will be made to the schedule once it is done. IF you wish to remove your child from lessons please inform your instructor.

LESSON OPTIONS:

This is new. You will now have the option of lessons. A majority of our lessons will still be held Monday-Friday mornings. However, we now will have the option of lesson times mornings or after the pool closes at 6pm. The higher skilled swim level participants will have lessons either early mornings or on the evening times after 6pm. All morning lessons will take place before the noon time pool opening either during the week. Please select your first choice.

PLEASE BE AWARE THAT YOU ARE NOT GUARANTEED TO GET YOUR FIRST CHOICE. NUMBERS WILL DICTATE WHAT WE ARE ABLE TO OFFER.

Weekday Mornings :_____

Evenings after 6pm:_____

All Participants must be 100% Potty/Toilet trained to participate in this program.

Parent/Guardian Signature:_____Date:_____
(REQUIRED FOR PARTICIPATION)

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